U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 7707	2. Fiscal Year Covered From:		
i ficio barblan bina	1 / 1 / 2004 Through: 12 / 31 / 2004		
Name and address of person filing.	Name, file number, and address of labor organization.		
Name Colleen C Kauhane	Name Plumbers AFL-CIO LU 675		
	Labor Organization File Number 025-657		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Eminaryan yang ang ang ang ang ang ang ang ang ang	Procedure control cont		
Street 1247 Ekaha Avenue	Street 1109 Bethel Street, Lower Level		
City Honolulu	City Honolulu		
State Hawaii ZIP Code +4 96816	State Hawaii ZIP Code + 4 96813		
5. Position in lador organization.  Office Manager 10 2 10 500 500 500 500 500 500 500 500 500			
The state of the s			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
i monetary value trom an employer whose employees your organizati	on represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
6. Name and address of Employer (including trade name, if any).  Name	7.a. Nature of Interest, Transaction, or Income.		
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.		
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.		
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  Giv. 1992 No. 1, 103 (1993)	7.a. Nature of Interest, Transaction, or Income.  1. Young		
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  Gity  City  State  ZIP Code: +4   Cities   Citie	7.a. Nature of Interest, Transaction, or Income.  T.b. Amount.  T.b. Amount.  At Matter and the control of the		
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  Line State  ZIP Code: +4 Collistics  Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  7.b. Amount.  7.c. Amount.  7.c. Amount.  8.c. Amount.  8.c. Amount.  8.c. Amount.  9.c. Amo		
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  Gity  State  ZIP Code + 4 County Sign  15. Signature and verification. The undersigned declares, under penalty of	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  7.b. Amount.  7.c. Amount.  7.c. Amount.  8.c. Amount.  8.c. Amount.  8.c. Amount.  8.c. Amount.  9.c. Amo		
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code: 4 Code:	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  7.b. Amount.  7.c. Xarran and Assault		
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  Street  ZIP Code + 4 County  Sign  15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's floowledge and belief, true, correct, and complete. (See the se	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  7.b. Amount.  1. Variable of the production of the law, that all of the information ring documents), has been examined by the signatory and is, to the best of the ction on penalties in the instructions.)		

d e				
ame of Person Filing Colleen Kauhane		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).  Name Advanced Travel Services LLC  Trade Name, if any:	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer			
P.O. Box, Bldg., Room No., if any P.O. Box 17276  Street City Honolulu  State Hawaii ZIP Code + 4 96837				
	11 a Natura of such dool	ina		
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such deali Travel Services	ng.	The state of the s	
Street				
Outest (	11.b. Approximate dollar valu	ue of such dealing.	\$46,662	
State ZIP Code + 4	12.a. Nature of interest hell Partnership in bus Colleen Kauha Oliver M Kauh	siness: ne nane III-spouse		
	12.b. Amount.		\$5,689	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.			
(including trade name, if any).  Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	[1.3.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		

Name of Person Filing Colleen Kauhane	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).  Name Advanced Travel Services LLC  Trade Name, if any:  P.O. Box, Bldg., Room No., if any P.O. Box 17276  Street  City Honolulu  State Hawaii ZIP Code + 4 96837	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name PAMCAH-UA LOCAL 675 Administrative Office  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	Travel Services			
Street 1109 Bethel Street, Suite 403	11.b. Approximate dollar value of such dealing. \$887			
City Honolulu	12.a. Nature of interest held or income received.			
State Hawaii ZIP Code + 4 96813	Partnership in business: Colleen Kauhane Oliver M Kauhane III-spouse \$ 79.00 / commission			
	12.b. Amount. \$79			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street				
City State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			